

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	S A	68966 5/27/00	12-27-00

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	11	12	5
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3	02	02	5/27/00
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11	✓	✓	
12	✓	N	
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14		V	
15	✓	N	
16	✓	✓	
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here